

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Conservatives Fund			FEC IDENTIFICATION NUMBER ▼ C C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2014		
Mailing Address PO Box 388			Amount 1183.30		
City Alexandria		State VA	Zip Code 22313-0388		
Purpose of Expenditure IE-Maness-Online Processing		Category/Type 		Transaction ID : E642B1481D2B44C519A2 Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2014	
Name of Federal Candidate Robert L Maness			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 32822.22			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014		
Full Name of Payee Senate Conservatives Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2014		
Mailing Address PO Box 388			Amount 701.10		
City Alexandria		State VA	Zip Code 22313-0388		
Purpose of Expenditure IE-Maness-Online Processing		Category/Type 		Transaction ID : E8BB711DE7C844AFC95C Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2014	
Name of Federal Candidate Robert L Maness			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA		
Calendar Year-To-Date Per Election for Office Sought 33523.32			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ► General 2014		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			1884.40		
(b) SUBTOTAL of Unitemized Independent Expenditures ►					
(c) TOTAL Independent Expenditures..... ►					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			Date MM / DD / YYYY 09 / 22 / 2014		
[Electronically Filed]					

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NAME OF COMMITTEE (In Full) Senate Conservatives Fund		FEC IDENTIFICATION NUMBER ▼ C C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Victory Phones		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 190 Monroe Ave. NW 5th FL		Amount 7435.07	
City Grand Rapids	State MI	Zip Code 49503-2628	Transaction ID : E2F2C74B67B914477B4E
Purpose of Expenditure IE-Maness-Robo Calls		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Robert L Maness		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought		54044.69	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014

Full Name of Payee Victory Processing LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address 190 Monroe Ave. Ste. 500		Amount 12000.00	
City Grand Rapids	State MI	Zip Code 49503-2628	Transaction ID : EA6B49FBC474346BCA51
Purpose of Expenditure IE-Maness-Votor Data		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Robert L Maness		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA
Calendar Year-To-Date Per Election for Office Sought		54044.69	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19435.07
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Paul Kilgore

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Date

 MM / DD / YYYY
09 / 22 / 2014

Signature

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Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2014	
Mailing Address PO Box 388		Amount 1086.30	
City Alexandria	State VA	Zip Code 22313-0388	Transaction ID : EDCD8F66DCDCB48ECA8 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2014
Purpose of Expenditure IE-Maness-Online Processing Fees		Category/Type	
Name of Federal Candidate Robert L Maness		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 54044.69		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ General 2014	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1086.30
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	22405.77

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Paul Kilgore

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Date

MM / DD / YYYY
09 / 22 / 2014

Signature